

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. 27928

FILED SEP 1 1941

Registration District No. 105

Primary Registration District No. 5155

Registrar's No. 15

1. PLACE OF DEATH:

(a) County CALLAWAY
(b) City or town RURAL
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: 1
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution LIFE
(Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:

State MISSOURI (b) County CALLAWAY
(c) City or town RURAL
(If outside city or town limits, write "RURAL")
(d) Street No. MINEOLA R.F.D.
(If rural, give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Aug day 16
year 1941 hour 5:00 minute P M.
21. I hereby certify that I attended the deceased from Aug 6
1935 to Aug 14 1941
that I last saw him alive on Mar 10 1941
and that death occurred on the date and hour stated above.
Immediate cause of death Hypostatic pneumonia

Duration

3 days

Due to Chronic Endocarditis 10 yrs.
Due to Arterio-Sclerotic nephritis 10 yrs.

Other conditions
(Include pregnancy within 3 months of death)

Major findings:
Of operations

Of autopsy

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify)
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur in or about home, on farm, in industrial place, in public place?

While at work? (Specify type of place) (e) Means of injury

23. Signature James O. Helms (M. D. certified)
Address New Florence Mo. Date signed 8-15-41

3. (a) PRINT FULL NAME Betty Qualls Potts

3. (b) If veteran, name war ✓ 3. (c) Social Security No. None

4. Sex F 5. Color or race W 6. (a) Single, widowed, married, divorced MARRIED

6. (b) Name of husband or wife Chas. D. Potts 6. (c) Age of husband or wife if alive 68 years

7. Birth date of deceased AUG. 31 1884
(Month) (Day) (Year)

8. AGE: Years 56 Months 11 Days 14 If less than one day hr. min.

9. Birthplace CALLAWAY Co. MISSOURI
(City, town, or county) (State or foreign country)

10. Usual occupation Housekeeper

11. Industry or business

12. Name N. G. Qualls
13. Birthplace Kentucky
(City, town, or county) (State or foreign country)

14. Maiden name Betty Webb
15. Birthplace Kentucky
(City, town, or county) (State or foreign country)

16. (a) Informant Chas. D. Potts
(b) Address Mineola, Mo.

17. (a) Burial (b) Date thereof Aug 15-41
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Unity Church

18. (a) Signature of funeral director Glen G. Manning
(b) Address 700 Cent Fulton, Mo.

19. 8-19-1941 (b) W. H. Williamson
(Date received local registrar) (Registrar's signature)

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by.....

....., Registered Apprentice No.....
working under my personal supervision.

Signed.....

Licensed Embalmer No. *2725*

P. O. Address *Fulton, Mo.*

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.